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**FACSIMILE COVER LETTER****RECEIVED**

To: U. S. Patent & Trademark Office  
Examiner David H. Malzahn

AUG 07 2003  
Technology Center 2100

Facsimile No.: (703) 746-7239  
From: Gordon Kessler  
Date: August 5, 2003  
Re: Serial No. 10/090,051  
Our Ref.: 455610-2550

No. of Pages: 14  
(including cover page)

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CAROL ANN ROSSITTO

Type or print name of  
person signing certification

Carol Ann Rossitto

Signature

August 5, 2003

Date of Signature

Examiner Malzahn:

The Amendment, along with the receipt acknowledging the Amendment was faxed to the U.S. Patent and Trademark Office to (703) 746-7239 on July 22, 2003 are attached.

Please enter this Amendment as if it had been properly received at the USPTO on the July 22, 2003 filing date.

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PATENT  
455610-2550IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Peter PUPALAIKIS  
 Serial No. : 10/090,051  
 Filed : February 27, 2002  
 For : DIGITAL FREQUENCY RESPONSE COMPENSATOR AND  
 ARBITRARY RESPONSE GENERATOR SYSTEM  
 Examiner : Malzahn, David H  
 Art Unit : 2124

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 New York, NY 10151  
 Tel: 212-588-0800

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AUG 11 2003

**GROUP 3600**

Mail Stop Non-Fee Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended						
(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	32	Minus	** = 35	* 0 x	\$18 (9)	= \$ 0
Independent claims	3	Minus	*** = 3	* 0 x	\$84 (42)	= \$ 0
Total additional fee for this amendment						\$ 0

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
 \*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
 \*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$280(140) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the \_\_\_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a \_\_\_\_\_ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$\_\_\_\_\_ is attached, which covers the cost of ☐ additional claims \_\_\_\_\_ petition for extension of time.
- ☐ Charge \$\_\_\_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Respectfully submitted,

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FROMMER LAWRENCE & HIAUG LLP  
 Attorneys for Applicant

CAROL ANN ROSSITTO  
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 person signing certification

By:

Carol Ann Rossitto  
 Signature

Gordon M. Kessler  
 Gordon M. Kessler  
 Reg. No. 38,511  
 Tel: 212-588-0800

July 22, 2003

Date of Signature

00138231

PATENT  
455610-2550IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Peter PUPALAIKIS  
Serial No. : 10/090,051  
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Examiner : Malzahn, David H  
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Signature

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Date of Signature

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AUG 11 2003

GROUP 3600

AMENDMENT

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the outstanding Office Action of April 28, 2003, please amend this  
application as follows.